

Forée (Z.B.)

A LECTURE

ON

SPECIALISM IN MEDICINE,

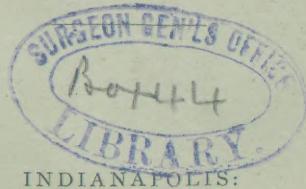
DELIVERED

Before the Class Inaugurating his Annual Course of Instruction,
September 21, 1876.

BY E. D. FORÉE, M. D.

*Professor of Diseases peculiar to Women in the Hospital College of Medicine,
Medical Department Central University, Louisville, Ky.*

REPRINTED FROM THE AMERICAN PRACTITIONER, NOV., 1876.



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In the organization of the medical department of Central University, the chair of diseases peculiar to women was established, and he who now addresses you was designated for the place. By this appointment and its acceptance I have become, in fashionable parlance, a specialist. Being so recognized and acknowledged, I shall claim the privilege inherent to the position of using the time allotted to this, our first interview, of offering a few thoughts upon medical specialism, which is now prevalent and rapidly increasing.

You will learn, as you progress in the profession, that *Fashion*, that inexorable tyrant, extends its sway over medicine to a more presumptive limit than over any other science, excepting, perhaps, the social science alone; and that he who runs counter to it does so at his personal hazard, and may be chargeable with undue temerity. Nevertheless, having become convinced, by ample observation, that the fashion of splitting up the art of medicine into innumerable parts is fraught with mischief to the people, is subversive of the interests of the physician, and retards the progress of the science itself, I shall venture to discuss it in its various bearings.

*From a lecture delivered by Dr. E. D. Forée, before the class inaugurating his annual course of instructions, September 21, 1876.

Specialism in medicine is the outgrowth of the half century just ending. Prior to that there was no division of practice, except into the two great branches of surgery and general practice; and these even were so intimately blended that it was only as a medical man of general and thorough acquirement betrayed the greater aptitude and skill for either branch did he become a devotee to medicine or surgery. For example, our own Physic having made himself a finished anatomist and physiologist, and having learned well the rudiments of all other departments, then by a ripe clinical experience, running through many years, having won distinction in both medicine and surgery, yet excelling in the latter he had surgical practice thrust upon him to such an extent that he had no time to give to other departments of practice. In this way he became a practitioner of surgery alone.

Dr. Gross, who by general consent is styled the Nestor of American surgery, whom we in our city delight to honor, and whose name is familiar to enlightened physicians everywhere, was an assiduous student of general medicine; anatomy, physiology, pathology, therapeutics, histology, indeed all of elementary medicine alike, engaged his earnest attention. Then he sought clinical experience in every department of practice; and not till after he was forty years old, and had accumulated a large experience in the art of recognizing and treating all classes of disease, did he become an exclusive practitioner of surgery.

Simpson, of Edinburgh, having become learned in every branch of medical science and obtained a large clinical experience in both hospital and private practice, was appointed Professor of Obstetrics in the University of Edinburgh. This accident gave the direction of his great mind to the study of the diseases of women. Very soon his achievements in this direction were found to be so grand, and gynecological practice accumulated upon him so largely, that he was compelled to become an exclusive practitioner—a specialist.

In like manner Hewitt, Barnes, Spencer Wells, and others, of Great Britain, Sims, Emmet, Thomas, Peaslee, and many

others, of our eastern seaboard, have been driven into specialism. So also did our own lamented Miller, after having acquired a most thorough knowledge of the whole science, and a rich clinical experience in general practice, become a specialist, not by choice but because it was thrust upon him.

Ricord, of Paris, whose education and enlarged observation of diseases qualified him for any and all branches of practice, became a specialist because his saloons were so crowded with subjects of venereal diseases that he had not a moment for any other practice.

Civiale, of Paris, and Sir Henry Thompson, of London, both ripe medical scholars and replete with general experience, became, after they had each reached the zenith of their manhood, the practitioners of their specialty.

Von Gräfe, Bader, Schalber, Stellwag, Politzer, Sichel, Toynbee, Carter and Wilde, of Europe, Agnew, Jeffries, Williams, Loring and Roosa, of our own country—all distinguished for their thoroughness in all departments of medical learning, and having had extensive and enlightened clinical experience, gained deservedly high reputations as ophthalmologists or aurists, or both—devoted themselves especially to diseases of the eye and ear. So I might mention a host of others who are working in special fields, and who are accomplishing great good for medicine and for the public.

Of this class of specialists I can not speak in too high commendation. In them we have many of the most renowned members of our profession, and persons who have contributed most liberally to the progress of our science. They are men who have grown into specialties through great mental training, who have become proficients in all medical learning, and though found in devotion to diseases of a single organ, or of one set of organs, would be fully competent to investigate and treat almost all the diseases to which our frail forms are liable. It is the success of such men which has awakened the ambition of some and aroused the cupidity of others, and thus become the origin of, and the impetus to, the prevalent and increasing fashion of the day to divide the practice of

medicine, aye, not merely the practice but unfortunately the study of medicine also, into infinitesimal parts. Men, seeing the reputations made and the large honorariums gained by such distinguished exclusivists, are led into the effort to become specialists also, and that with but little *study*, no personal aptitude, and with scant underlying acquirement. They enter the offices of specialists, with the avowed purpose of pursuing a single branch of medicine; the private training is with that one object in view, and when in medical institutions this single idea is still dominant. They give but little heed to the instructions of the school save to those which have a direct relation with their chosen field, or at the most strive to obtain only so much knowledge of the general science as will let them through the too lax gates of the colleges, and insure to them an illy-earned doctorate.

This is, in few words, the history of a large number of men who are now in their offices claiming to be endowed with wondrous knowledge, and the highest skill in the art of mending eyes, restoring lost audition, healing rectums, cutting, slashing and burning wombs, giving fecundity to the barren, and instruction to prevent excessive fruition; and of others who claim the power to cure all skin diseases from leprosy down to right up the nasal and laryngeal cavities, whatever their diseases, and so on. They do not publish their claims in newspapers or circulars, as do their cousins, the quacks; but they whisper them in great confidence to the Betsey Malones, Sairey Gamps, and the street tattlers of the male sex, who not merely tell them to all persons whom they meet, and send word to the balance of mankind, but crowd the ante-rooms and slyly exhibit themselves as living examples of the miraculous cures their favorite specialists can accomplish.

Another and a higher dodge is to get up long papers composed of the opinions and teachings of the able masters in their line, but so grooving and dove-tailing them together as to make a handsome and finished mosaic. These they publish as their own, thus to advertise themselves and bring custom to their doors.

This is the kind of specialism and such the specialists against which and whom I beg, in the interest of true science, to enter my solemn protest, and urge you, gentlemen, to hold in absolute abhorrence. It is this class of specialists which misleads the people and gives extent and permanency to a baneful fashion.

In our larger cities it is now not uncommon for a single individual to have half a dozen doctors, every doctor restricted to his own peculiar sphere. It is Dr. Barnes, I believe, who tells an anecdote to about this effect: A lady, seeking his advice, told him when he was making inquiry about her circulation, that he need not mind that; Dr. A. had her heart; Dr. B. took care of her lungs; Dr. C. looked after her eyes; Dr. D. did her general practice, and she wished to place her genitals only in his charge. The Doctor facetiously adds that he was curious to know to whom her umbilicus would be committed. This picture is no exaggeration; many similar ones are mentioned by the busy practitioner. It is coming to be the very summit of the *ton*.

The result of this fashion is gracefully yet truthfully told in a recent address by Dr. Henry, of New York, to the alumni of the Medical Department of the University of Vermont. He says: "Experience has forced me to the belief that the evils of this subdivision are individually nursed and fostered through lack of proper general qualifications, indolence, and the greater prospect of large fees. Diseases that were skillfully treated in the early part of this century by the general practitioner, are now sent from one 'ologist' to another, until the sufferer, exhausted of patience and means, seeks in utter despair the assistance of the nearest quack."

Such unfortunates as those described by Dr. Henry constitute no small part of the persons who pass into the hands of the homœopathists, or who subject themselves to the torturing processes of the sticking doctors; not unfrequently to be redeemed from their ailments by the do-nothing practice of the one, or conjured into health by the other. Such partitioning of practice, and such sectional study, are debasing

our profession, lessening the confidence of the people, and changing the science from Athens, the city of light, to Lutetia, the city of mire.

It should, therefore, be the pleasure of every lover of his profession to discountenance superficial, partially-trained, and incompetent specialism. I do not mean by this that we should decline to avail ourselves of the superior skill of all such specialists as have earned their positions by earnest toil, thorough acquaintance with the science of medicine, and careful and extended observation. Such men rarely fail to throw brilliant light upon obscure points in diagnosis, and give valuable hints for treatment. They become, indeed, to the general practitioner what the light-house is to the mariner; they guide him within lines of safety, and save him from hidden rocks and perilous currents; they are in truth towers of strength.

It has been charged that the medical schools of the country are contributing in a large measure to the production and perpetuity of these dangerous forms of specialism. Dr. Henry, in the address already alluded to, says: "For the purpose of leading the mass of the profession and the public into the belief that the schools are progressive, too many of the faculties have yielded to the fashionable spasm of the day and appointed persons to deliver special courses of lectures. With some few exceptions, these special lecturers are scarcely up to the standard which might be fairly asked in so-called specialists."

The proposition made in the first clause of his argument, I do not believe is well founded, and must emphatically dissent to it. The schools are not striving to mislead the profession or the public, but are, in my judgment, both honest and wise in their arrangement of the machinery of teaching. They have multiplied chairs and lectureships only as the widening and extending boundaries of the science have imperatively demanded. In the early history of medical teaching, when the science was meager in its principles, and not as now voluminous in detail, but few teachers were required to give instructions in all that was known. The most ancient and

renowned school of our continent, the Medical Department of Pennsylvania University, began with but three professors. Those three taught the students who assembled all that was known of medicine at that time, as thoroughly as the most numerously appointed schools can possibly teach it to-day. Thus it will be seen our institutions are merely keeping step with the advancing profession, and striving by a multiplication of lectureships to give to the student, in the most comprehensive yet concise manner, all which constitutes the enlarged science. They do not inculcate, or even propose, the policy of studying for a specialty, but on the contrary insist that every aspirant for the medical doctorate shall faithfully follow the instructions given in every branch, in order to his qualification for general practice or the pursuit of a single department.

I know of no school which is favoring the study of a single branch, none which will accept, in extenuation of imperfect knowledge of the whole science, the plea that the applicant is preparing for a specialty. On the contrary, teachers of specialties themselves insist, in no dubious terms, upon a thorough knowledge of all.

Billroth, in the introduction of his Course on Surgery, says: "The surgeon can only judge safely and correctly of the state of his patient when he is at the same time a physician; moreover, the physician must have surgical knowledge, or he will make the grossest blunders."

Dr. Fordyce Barker, the distinguished teacher of Clinical Midwifery, in the preface to his valuable work on Puerperal Diseases, says: "A man may become eminent as a physician, and yet know very little of obstetrics; or he may be a successful, even distinguished surgeon, and be quite ignorant of even the rudiments of obstetrics; but no one can be a really able obstetrician, unless he be both physician and surgeon."

Sir Henry Thompson says: "No man should become a specialist until he has had a ripe experience engrafted upon a most liberal professional education, and be forty years old."

Mr. R. Brudenell Carter, in the conclusion of his address before the International Medical Congress recently sitting in

Philadelphia, said, "It gave him real pleasure to find so many eminent specialists identified with the great body of the profession. He believed the specialist a man of great utility, but thought the separation of specialism from general medicine detrimental to the earnest practitioners of both. He thought the knowledge of the specialist should become the property of the general practitioner also, and that it is wise in schools to include in their plan chairs of special branches. He believed the ranks of useful specialism could only be reached by the most thorough training in the entire science; and concluded by saying it is absurd to attempt respectability in medicine by the study of an exclusive branch." Thus it becomes apparent that teachers of specialties discourage specialism except of the kind that comes through learning and observation.

The point made by Dr. Henry, in the second clause of his argument, is more valid, namely, that "teachers of specialties are too frequently not up to the standard fairly to be expected;" yet this objection is more apparent than real, for though a teacher of a specialty may not be a thorough master of it, his teaching may in the main be correct and useful. Lacking the necessary store of knowledge, and being deficient in experience, he may nevertheless be a good teacher. He may draw the instruction which he imparts from the texts of the most approved authorities, and make it valuable to the student; and though such teaching may not be as complete or exact as that given by the acknowledged masters, still it will be vastly better than no teaching. The argument of Dr. Henry is, therefore, fallacious. The schools do not foster or encourage uneducated and vicious specialism, but are doing all that lies within their power to promote liberal and universal medical education.

I hope I shall not be misunderstood in the positions taken in the course of these remarks. Lest I may be, I beg to reiterate the points taken, and will venture the opinion that the unprejudiced judgment of all intelligent gentlemen of the profession, whether they be general practitioners or specialists,

will fully sustain them. They are these: that specialties pursued by men of general and proficient cultivation in the science of medicine, who have had a clinical experience sufficiently enlarged to give them acquaintanceship with the current morbid processes of the body and enable them to distinguish between them, and to trace them to their probable pathological sources, must rarely fail to be productive of good, both to the profession and public, and materially advance the interests of the science, and for the very forcible reason that one field assiduously cultivated by a *wise* laborer yields more abundantly than a number of fields imperfectly tilled. The shortness of time and the limitation of the human intellect render it very evident that a single mind can not reach the perfection in the whole that it can in a part. The second position is, that a person, notwithstanding he may be of gigantic intellect and untiring industry, unless he becomes a general medical scholar and a patient and careful student of diseases generally, can not become a successful and useful specialist, but will retard progress and injure the science by his frequent blunders, and will consequently become the instrument of mischief to the public.

Precisely as it is necessary for the artist to have a familiarity with nature in all its forms, an eye cultivated in the perception of colors, their changes and combinations; the sculptor to have "a knowledge of mathematics, anatomy, physiology and a cultivated imagination;" or the novelist to have a full acquaintance with human nature, a knowledge of history, and be learned in the sciences in order to success—so is it of prime necessity that the specialist in medicine shall combine with a native adaptation a familiarity with the organization of man in health and disease, a profound knowledge of the laws governing both states, and clinical experience sufficient to enable him to recognize disease of whatever form may come before him. Then, and not till then, should he allow himself to enter upon the higher domain of specialism. Even when gentlemen have reached the high standard indicated, and are in all regards useful and distinguished special practitioners, there

are difficulties in the way, many of which could be mentioned if time served; but one which is so common to all with whom I have met, I can not pass over in silence. It is that almost every specialist is prone to find in the organs of his peculiar province the morbid change which will account for all the symptoms in every case which is presented to him. He is sincere in this opinion, yet he often finds that it has drifted him into the vortex of error, from which he too frequently does not become extricated until the opportunity of remedying the real malady is lost forever.

In conclusion, gentlemen, allow me to whisper into your ears a little item of information for your personal good. It may seem ignoble to do so in connection with an examination of a subject belonging wholly to the interests of the science of medicine; yet I shall do so for the double purpose of placing you upon your guard, and as an incentive to more diligent study.

It is this: that besides promoting the science, you will advance your individual interests by so studying every department of medicine as to enable you to manage skillfully all the diseases of your patients, and thus keep them out of the hands of specialists as entirely as possible consistent with their good. For the reason that you will now and then meet with one to whom you entrust your patient for the relief of a special disease, who will retain and treat him and other members of his family for whatever affliction may arise in the course of his connection with the case. He will not be just and liberal as you have been. He will not say to the patient, your physician can treat this new and different disease better than I can, but will hold him as long as possible.

This, I doubt not, is within the personal experience of almost every physician. You will encounter it when you come to practice. Therefore, it will be greatly to your advantage to neglect no branch, but become, as far as the power within you lies, the master of all.

